

**404 CONTRACTOR WEBSITE AND MEMBER INFORMATION**

EFFECTIVE DATES: 06/01/12, 08/17/12, 11/01/12, 03/01/13, 10/01/13, 05/01/14, 12/01/14, 10/01/15, 11/01/15, 07/01/16, 07/01/17, 10/01/18

REVISION DATES: 06/09/09, 01/28/10, 08/12/10, 08/11/11, 05/18/12, 06/28/12, 10/24/12, 02/07/13, 07/18/13, 08/30/13, 04/17/14, 07/17/14, 11/20/14, 05/21/15, 10/15/15, 05/26/16, 02/22/17, 04/19/18

**I. PURPOSE**

This Policy applies to AHCCCS Complete Care (ACC), ALTCS/EPD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. This Policy establishes requirements for AHCCCS Contractors regarding member information and the approval process for member information materials developed by or used by the Contractor. This Policy pertains to oral and written communication disseminated to a Contractor's enrolled members and to the content of a Contractor's website.

**II. DEFINITIONS**

<b>AUTHORIZED REPRESENTATIVE</b>	A person who is authorized to apply for medical assistance or act on behalf of another person (A.A.C. R9-22-101).
<b>BUSINESS DAY</b>	A Monday, Tuesday, Wednesday, Thursday, or Friday unless a legal holiday falls on Monday, Tuesday, Wednesday, Thursday, or Friday.
<b>FILE AND USE</b>	A process whereby the Contractor submits qualifying member information materials to AHCCCS prior to use, and can proceed with distributing the materials without any expressed approval from AHCCCS.
<b>INCENTIVE ITEM</b>	Items that are used to encourage behavior changes in the Contractor's enrolled members or Health promotion incentives to motivate members to adopt a healthy life style and/or obtain health care services.
<b>LIMITED ENGLISH PROFICIENT (LEP)</b>	Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance for a particular type of service, benefit, or encounter. 42 CFR 438.10.

**MEMBER**

An eligible individual who is enrolled in AHCCCS, as defined in A.R.S. §36-2931, §36-2901, §36-2901.01 and A.R.S. §36-2981.

**MEMBER****INFORMATION MATERIALS**

Any materials given to the Contractor's membership. This includes, but is not limited to: member handbooks, member newsletters, provider directories, surveys, on hold messages and health related brochures/reminders and videos, form letter templates, mobile applications and website content. It also includes the use of other mass communication technology such as e-mail and voice recorded information messages delivered to a member's phone.

**MULTI-SPECIALTY  
INTERDISCIPLINARY  
CLINIC (MSIC)**

An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.

**POTENTIAL MEMBER**

A Medicaid-eligible recipient who is not yet enrolled with a Contractor or a member during Annual Enrollment Choice (AEC).

**PREVALENT NON-  
ENGLISH LANGUAGE**

A language determined to be spoken by a significant number or percentage of members who have a limited English proficiency.

**RETENTION MATERIALS**

Member information materials sent to members prior to and during their Annual Enrollment Choice for the purposes of retaining members as an enrollee with the Contractor.

**VITAL MATERIALS**

Written materials that are critical to obtaining services which include, at a minimum, the following:

1. Member Handbooks,
2. Provider Directories,
3. Consent Forms,
4. Appeal and Grievance Notices,
5. Denial and Termination Notices

**III. POLICY****A. MEMBER INFORMATION MATERIALS**

1. The Contractor shall comply with the requirements in this Policy for all member information materials. In addition, refer to the requirements outlined in:
  - a. ACOM Policy 405 for requirements regarding Cultural Competency, Language Access Plan and Family/Patient Centered Care,

- b. ACOM Policy 406 for requirements regarding the Member Handbook and Provider Directory,
  - c. ACOM Policy 425 for requirements regarding Social Networking activities,
  - d. ACOM Policy 433 for requirements regarding Member ID Cards,
  - e. ACOM Policy 414 for sample Notice of Adverse Benefit Determination and Notice of Extension,
  - f. AHCCCS Contract, Member Grievance and Appeal System Standards section for the requirements of the Notice of Appeal Resolution letters and written grievance determination letters, when indicated, and
  - g. ACOM Policy 406, Attachment B regarding Definitions for AHCCCS Members pursuant to 42 CFR 438.10.
2. The Contractor shall attest it is in compliance with member information requirements by signing and submitting Attachment Cas specified in the Contract.
3. The Contractor shall provide all member information materials to members and potential members in a manner and format that may be easily understood and is readily accessible by members and potential members.
4. The Contractor shall inform members that member information is available in paper form, without charge and upon request, and shall provide it upon request within five business days.
5. The Contractor shall use state developed member notices as indicated in Contract and Policy [42 CFR 438.10(c)(4)(ii)].

**B. LANGUAGE, READABILITY AND ORAL INTERPRETATION REQUIREMENTS**

All member information materials shall include taglines in the prevalent non-English languages in Arizona and include large print (font size of at least 18 point) explaining the availability of written translation or oral interpretation services with the Contractor's toll free and TTY/TDY telephone numbers for customer service which shall be available during normal business hours. In addition, the Contractor shall provide members the Contractor's toll free and TTY/TDY nurse triage line telephone number which shall be available 24hr/7days a week. ACC, ALTCS/EPD and RBHA Contractors are prohibited from having separate customer service phone numbers for physical health and behavioral health services.

1. Vital materials shall be made available in the prevalent non-English language spoken for each LEP population in the Contractor's service area [42 CFR 438.10(d)(3)]. Oral interpretation services shall not substitute for written translation of vital materials. The Contractor is not required to submit translated member materials to AHCCCS. It is the Contractor's obligation to ensure that translation is accurate and culturally appropriate.
2. All written materials for members shall be translated into Spanish regardless of whether or not the materials are vital.

3. Readability - The Contractor shall make every effort to ensure that all information prepared for distribution is written in an easily understood language and format. The Contractor should make every effort to maintain the information at a 6<sup>th</sup> grade reading level as measured on the Flesch-Kincaid scale. The Contractor shall use a font size no smaller than 12 point. Member information materials shall also be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited, have other disabilities or have limited reading proficiency. Large print materials shall be made available using a font size no smaller than 18 point.
4. Oral Interpretation - The Contractor shall make oral interpretation services available to its members at no cost. Services for all non-English languages and the use of auxillary aids such as TTY/TDY and American Sign Language shall be made available[42 CFR 438.10(d)(4)].

### **C. INCENTIVES**

The Contractor may offer incentives items (e.g. gift cards, discounts for merchandise or services, manufacturer or store coupons for savings on products) to members to participate in health-related promotions, but the total value of the items may not exceed \$75.00per member annually. Incentives may not be given to members to influence continued enrollment with the Contractor, as specified in A.A.C. R9-22-504.

### **D. MATERIALS NOT REQUIRING SUBMISSION TO AHCCCS**

1. Customized letters for individual members need not be submitted to AHCCCS as described in this Policy. Information sent by the Contractor to members enrolled in a Contractor's Medicare Dual Special Needs Plan (D-SNP) that clearly and exclusively relate to their Medicare benefits and services do not require submission to AHCCCS.
2. Health related brochures developed by a recognized organization included in Attachment A, do not require submission to AHCCCS. However, in the event the informational material provided by an approved organization references services that are not medically necessary or are not AHCCCS covered benefits, the Contractor may not distribute the organization's informational materials to members. In these instances, the Contractor may use the organization's material only as a reference to develop its own member information materials specific to AHCCCS recipients.
3. Attachment A is not an all-inclusive list. The Contractor may submit a request to add additional names of other organizations to Attachment A. The request shall be submitted as specified in Contract. The Contractor shall refer to this Policy for updates when considering using information from organizations listed in Attachment A. The Contractor will be held accountable for the content of materials developed by the organizations listed in Attachment A. The Contractor shall review the materials to ensure that:
  - a. The services are covered under the AHCCCS program,
  - b. The information is accurate, and

- c. The information is culturally sensitive.

It is important to note that in all instances where the Contractor is required by its Contract with AHCCCS to educate its members, brochures developed by outside entities shall be supplemented or replaced with informational materials developed by the Contractor which are customized for the Medicaid population.

#### **E. MEMBER NEWSLETTER CONTENT AND REQUIREMENTS**

1. The Contractor shall develop and distribute, at a minimum, two member newsletters during each contract year. Newsletters shall be submitted in the form of an initial mock-up version of what the member will be receiving in addition to the individual articles referencing readability levels, and shall be submitted as specified in the Contract. Member newsletters will be reviewed in accordance with this Policy. The Member Newsletter does not fall under the 15 day File and Use review process.
2. At a minimum, the member newsletter shall include the following at least annually (except as otherwise indicated):
  - a. Educational information on chronic illnesses and ways to self-manage care,
  - b. Reminders of flu shots and other preventative measures at appropriate times,
  - c. Medicare Part D issues,
  - d. Cultural Competency, other than translation services,
  - e. Contractor specific issues (in each newsletter),
  - f. Tobacco cessation information,
  - g. HIV/AIDS testing for pregnant women,
  - h. Suicide Prevention information,
  - i. Contractor contact information and Crisis Hotline information (in each newsletter),
  - j. Information on the Contractor's integration efforts to improve overall member outcomes, as applicable (e.g. behavioral health and physical health services), and
  - k. Other information required by AHCCCS.

#### **F. REQUIRED CONTRACTOR WEBSITE CONTENT MINIMUM CONTENT REVIEW**

The Contractor's website shall contain all the information provided in Attachment B. The Contractor shall submit Attachment B as specified in Contract.

All of the information shall be located on the Contractor's website in a manner that members can easily find and navigate (e.g. "Consumer, Enrollee, Member or Recipient Page") from the Contractor's home page. Information should be in a format that can be retained and printed by the member.

Websites shall be specific to the Contractor's Medicaid program and shall not include links or references to private insurance. The website may contain links and references to the Contractors' Medicare programs and services exclusively to promote coordination of care for members enrolled in both Medicaid and Medicare. For the approval process for

additional information added to the Contractor's website that is directly related to members or potential members, see subsection III. and I.

AHCCCS will review the content of the Contractor's website to ensure the Contractor is in compliance with this Policy and the AHCCCS Contract.

#### **G. SUBMISSION, REQUIREMENTS AND RESTRICTIONS FOR ALL OTHER MATERIALS**

1. The Contractor shall inform all members of any changes considered to be significant by AHCCCS 30 calendar days prior to the implementation date of the change [42 CFR 438.10(f)(4)]. These changes include but are not limited to:
  - a. Cost sharing,
  - b. Prior Authorization,
  - c. Service delivery, and
  - d. Covered Services.

In addition, the Contractor shall make a good faith effort to give written notice to members within 15 calendar days after receipt or issuance of a provider termination notice to each member who received their primary care from, or is seen on a regular basis by, the terminated provider [42 CFR 438.10(f)(1)].

AHCCCS has adopted a File and Use review process for all other member information materials developed by the Contractor. All other member information materials disseminated by the Contractor to its members shall be submitted as specified in Contract 15 calendar days before it is to be released. If a 15 day notice is not possible, the Contractor may request an expedited review, but the request shall be clearly marked as expedited and also indicate the reason for the shortened timeframe. AHCCCS reserves the right to determine if the request for an expedited review is warranted.

2. The Contractor shall submit the following information to AHCCCS prior to releasing member information materials:
  - a. A copy, transcript, screenshot or other documentation of the material as intended for distribution to its members or potential members. Translations of the material into other languages as required by this Policy are not required to be submitted,
  - b. A description of the process it will use to disseminate the material, and
  - c. The reading level of the material level as measured on the Flesch-Kincaid scale.

The Contractor may disseminate the member information as indicated in their request upon the expiration of the 15 day time period, unless AHCCCS notifies the Contractor otherwise. Member materials submitted outside of standard business hours will be considered received the following business day. State Holidays that fall on business days are not counted as part of the 15 day review period.

Member information materials that are a component of new initiatives or special projects (e.g. new member portal, health education initiatives), or are comprised of a bulk submission (e.g. booklet, magazine) may require additional review time.

AHCCCS reserves the right to require any changes necessary to the material. AHCCCS may also conduct audits and/or operational reviews to ensure compliance.

Member information materials can also be used for marketing purposes as defined in ACOM Policy 101. In these cases, the materials shall receive prior approval from AHCCCS as outlined in ACOM Policy 101. In addition, for social networking applications and content requirements refer to ACOM Policy 425.

3. The Contractor shall ensure:

- a. All materials are labeled with the Contractors name and/or logo, this includes member material that is located on the Contractor's website, e-mail messages and voice recorded phone messages delivered to a member's phone,
- b. Information contained within the material item is accurate, updated regularly and appropriately based on changes in benefits, Contract, Policy or other relevant updates,
- c. Updated member information is re-submitted for approval, including The date the material was previously approved, the reason for the update and clearly identify all content revisions,
- d. A log is kept for all member material distributed each year; the log shall identify the date the materials was originally submitted to AHCCCS as described in this policy, as well as resubmission dates,
- e. The log is made available to AHCCCS upon request,
- f. Member information materials do not directly or indirectly refer to the offering of private insurance, do not include inaccurate, misleading, confusing or negative information about AHCCCS or the Contractor, or any information that might defraud members,
- g. Member information materials do not use the word "free" in reference to covered services,
- h. Member information materials directly relate to the administration of the Medicaid program, or relate to health and welfare of the member,
- i. Member information materials do not have political implications, and
- j. Retention materials do not refer to competing plans.

Member information materials developed for services under contract with AHCCCS are not considered proprietary to the Contractor.